SAMPLE SHIPMENT ADDRESS:
TRI/Environmental, Inc.
A Texas Research International Company
9063 Bee Caves Road, Austin, Texas 78733-6201

MATERIALS TESTING LABORATORIES
1-800-880-8378
FAX: 512 263 2558

CHAIN OF CUSTODY/TEST REQUEST FORM

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PROTECTIVE CLOTHING

REPORT RESULTS TO:			
Client Name:	Client Phone/Fax:		
Client Company:	Client Field Phone:/Fax:		
Project Name:	Project Number:		
Client Mailing Address:	E-mail:		
Client City, State, Zip:	Shipped by:		Date:

SEND INVOICE TO:			
COMPLETE ONLY IF DIFFERENT FROM ABOVE	Phone:		
Client Name:	Fax:		
Client Company:	**Client P.O. #:**		
Client Mailing Address:	**E-mail:**		
Client City, State, Zip:			

PROTECTIVE CLOTHING Product Designation (manufacturer, Glove/Sleeve/Fabric, etc.)		Cut Test via CPPT (ASTM F 1790-05 or F 1790-97) - ANSI 2011	Cut Test ASTM FF2992 - ANSI 2016 via TDM 100	ISO Cut Test (ISO 13997)	Puncture Resistance (ASTM F 1342)/ NIJ Protocol	Puncture Resistance (EN 388) - ANSI 2016	Hypodermic Needle Puncture (ASTM F2878)	Puncture Resistance (ISO 13996)	Tear Resistance (EN 388)	Puncture Propagation Tear (ASTM D 2582)	Abrasion Resistance (EN 388) - Martindale	Abrasion Resistance (ISO 12947-2) - Martindale	Abrasion Resistance (ASTM D 4966) - Martindale	Taber Abrasion Resistance (ASTM D 3884 / D3389)- ANSI 2016, ASTM D 4060	Hand Dexteririty (EN 420)/ NIJ Protocol	Penetration (ASTM F 903)	Permeation (ASTM F 739)	Pilling Test via Martinadale(ATM D 4970)	Conductive Heat/ Hot Surface Contact (ASTM F 1060)	Cut test via EN 388	Tensile Test (ASTM D 412/D751 /D5034 /D5035)	Cut Test via CPPT ASTM F 1790M-14	Other:
Sample ID																							
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Remarks: Please Contact us for F 903 and F739 Testing before sending out Samples.

Logged In By:
"As-Received" Notes:

Chain Document Designation

TRI Log. Number:
Due Date:

PLEASE AUTHORIZE BY SIGNING AND DATING BELOW.

NAME: _____ **SIGNATURE/DATE:** _____